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L104EA29YIG/RAPAMYCIN/ANTI-INTERLEUKIN-2	1
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L104EA29YS25NIG	4
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There are more results than shown above. Click here to view the entire set.

Prev Page Next Page Go to Doc#

# Search Results - Record(s) 1 through 10 of 14 returned.

Term Documents
Generate Collection Print
□ 10. 6800457. 16 Dec 02; 05 Oct 04. Expression vectors containing hot spot for increased recombinant protein expression in transfected cells. Koduri; Kanaka Raju, et al. 435/69.1; 435/320.1 435/358 435/69.6. C12P021/02.
9. 20020039577. 08 Jun 01. 04 Apr 02. Methods for regulating a lymphocyte-mediated immune response by blocking costimulatory signals and blocking LFA-1 mediated adhesion in lymphocytes. Townsend, Robert M., et al. 424/131.1; A61K039/395.
□ 8. <u>20020182211</u> . 23 May 01. 05 Dec 02. Soluble CTLA4 mutant molecules and uses thereof. Peach, Robert J., et al. 424/143.1; 435/320.1 435/326 435/69.1 530/388.22 536/23.53 A61K039/395 C07H021/04 C07K016/28 C12N005/06 C12P021/02.
7. 20030007968. 25 Jan 02. 09 Jan 03. Methods of inducing organ transplant tolerance and correcting hemoglobinopathies. Larsen, Christian P., et al. 424/144.1; 424/93.7 514/517 A61K039/395 A61K031/255 A61K045/00.
☐ 6. 20030022836. 23 May 02. 30 Jan 03. Methods for protecting allogeneic islet transplant using soluble CTLA4 mutant molecules. Larsen, Christian P., et al. 514/12; 424/145.1 514/151 514/171 514/251 514/291 514/9 A61K039/395 A61K038/17 A61K038/13 A61K031/525 A61K031/655.
☐ 5. 20030083246. 02 Jul 01. 01 May 03. Methods for treating rheumatic diseases using a soluble CTLA4 molecule. Cohen, Robert, et al. 514/12; 424/145.1 514/162 514/171 514/223.5 514/251 514/263.31 514/313 514/9 A61K039/395 A61K038/13 A61K031/56 A61K031/549 A61K031/525 A61K031/522.
4. 20030138908. 16 Dec 02. 24 Jul 03. Expression vectors containing hot spot for increased recombinant protein expression in transfected cells. Koduri, Kanakaraju, et al. 435/69.1; 435/320.1 435/334 C12P021/02 C12N005/06.
☐ 3. <u>20030219863</u> . 02 Jan 03. 27 Nov 03. Soluble CTLA4 mutant molecules and uses thereof. Peach Robert J., et al. 435/69.1; 435/320.1 435/325 514/12 530/350 536/23.5 A61K038/17 C07H021/04 C12P021/02 C12N005/06 C07K014/74.
☐ 2. 20040022787. 18 Apr 03. 05 Feb 04. Methods for treating an autoimmune disease using a soluble CTLA4 molecule and a DMARD or NSAID. Cohen, Robert, et al. 424/144.1; 424/649 424/85.1 514/109 514/165 514/171 514/2 514/251 514/263.31 514/282 514/313 514/406 514/570 A61K039/395 A61K038/39 A61K038/19 A61K031/66 A61K031/60 A61K031/56 A61K031/525 A61K033/24 A61K031/415 A61K031/522.
☐ 1. <u>20050019859</u> . 18 Dec 03. 27 Jan 05. Mammalian ceII culture processes for protein production. Schilling, Bernhard M., et al. 435/69.1; 435/320.1 435/325 530/395 C07K014/74 C12N005/02.

# Search Results - Record(s) 11 through 14 of 14 returned.

☐ 11. <u>WO002094202A2</u> . 23 May 02. 28 Nov 02. METHODS FOR PROTECTING ALLOGENEIC ISLET TRANSPLANT USING SOLUBLE CTLA4 MUTANT MOLECULES. LARSEN, CHRISTIAN P, et al. A61K00/;.
□ 12. WO 200294202A. Inhibiting islet cell transplant rejection in a subject, useful for treating diabetes by administering a cytotoxic T lymphocyte associated antigen-4 mutant molecule. ADAMS, A B, et al. A61K000/00 A61K031/436 A61K031/525 A61K031/655 A61K038/00 A61K038/13 A61K038/17 A61K039/395 A61K045/00 A61P001/04 A61P001/16 A61P003/10 A61P007/04 A61P013/12 A61P017/06 A61P017/12 A61P019/02 A61P021/04 A61P025/00 A61P027/02 A61P029/00 A61P035/00 A61P035/02 A61P037/06 A61P037/06 A61P043/00 C07K014/705 C07K014/725.
□ 13. WO 200202638A. Composition useful for treating rheumatic disease and immune system disorders e.g. diabetes mellitus, graft-related disease, good pasture's syndrome, comprises soluble cytotoxic T lymphocyte A4 mutant molecule. BECKER, J, et al. A61K031/415 A61K031/522 A61K031/525 A61K031/549 A61K031/56 A61K031/60 A61K031/66 A61K033/24 A61K038/00 A61K038/13 A61K038/16 A61K038/17 A61K038/19 A61K038/39 A61K039/395 A61K045/06 A61P001/04 A61P001/16 A61P003/10 A61P007/00 A61P007/04 A61P007/06 A61P017/00 A61P017/02 A61P017/06 A61P019/02 A61P021/02 A61P021/04 A61P025/04 A61P025/28 A61P027/02 A61P029/00 A61P035/00 A61P035/02 A61P037/00 A61P037/02 A61P037/04 A61P043/00 C07K000/00 C07K014/705.
□ 14. WO 200192337A. Novel mutant cytotoxic T-lymphocyte-associated antigen-4 molecule which binds CD80 and/or CD86 with greater avidity than wild-type molecule, is useful for inhibiting graft versus host disease, psoriasis and diabetes. BAJORATH, J, et al. A61K038/00 A61K038/14 A61K039/395 A61K045/00 A61P037/00 A61P037/06 C07H021/04 C07K000/00 C07K014/47 C07K014/705 C07K014/725 C07K016/00 C07K016/28 C07K019/00 C12N005/06 C12N005/10 C12N015/09 C12N015/63 C12P021/02 C12Q001/02.

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# STIC-ILL

16327840

528781

From:

Gambel, Phillip

Sent:

Sunday, February 13, 2005 11:57 AM

To: Subject: STIC-ILL bulsulfan

BUSULFAN

stic

please provide the following references to

phillip gambel art unit 1644 272-0844

1644 mailbox 3c70

thanx .

0011706618 BIOSIS NO.: 199800500865

Therapeutic monitoring of busulfan in hematopoietic stem cell

transplantation

AUTHOR: Slattery John T (Reprint); Risler Linda J

AUTHOR ADDRESS: Fred Hutchinson Cancer Res. Cent., 1100 Fairview Ave. N.,

AB-122, Seattle, WA 98109-1024, USA\*\*USA

JOURNAL: Therapeutic Drug Monitoring 20 (5): p543-549 Oct., 1998

1998

MEDIUM: print ISSN: 0163-4356

DOCUMENT TYPE: Article RECORD TYPE: Abstract LANGUAGE: English

ABSTRACT: Busulfan is an alkylating agent commonly used to ablate marrow before hematopoietic stem cell transplantation. High levels have been shown to increase the chance for severe hepatic veno-occlusive disease, for which there is no treatment and which can be fatal. Low levels are associated with recurrence of chronic myeloid leukemia, whereas even lower levels are associated with graft rejection. The therapeutic window for busulfan is narrow and disease and graft-source dependent. Busulfan concentration in plasma is readily assayed by gas chromatography. In the authors' center, busulfan levels determined from the first dose of the drug are used to adjust the dose to that selected to achieve the desired therapeutic outcome by the third dose of the 16-dose regimen. Thus, turnaround time is less than 6 hours. Analytical and pharmacokinetic aspects of busulfan therapeutic monitoring are described. The cost of pharmacokinetically targeting busulfan concentration is Itoreq1% of the cost of hematopoietic stem cell transplantation.

----- bulsulfan -----

3/7/8 (Item 8 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0009629479 BIOSIS NO.: 199598097312

Busulfan pharmacokinetics in bone marrow transplant patients:

Is drug monitoring warranted?

AUTHOR: Schuler U (Reprint); Schroer S; Kuehnle A; Blanz J; Mewes K;

Kumbier I; Proksch B; Zeller K-P; Ehninger G

AUTHOR ADDRESS: Med. Klinik, Abt. Haematologie/Onkologie, Otfried Mueller

Str. 10, 72076 Tuebingen, Germany\*\*Germany

JOURNAL: Bone Marrow Transplantation 14 (5): p759-765 1994 1994

ISSN: 0268-3369

DOCUMENT TYPE: Article RECORD TYPE: Abstract LANGUAGE: English

ABSTRACT: Pharmacokinetics were studied in relation to hepatic side-effects in 20 patients (19 adults aged 18-53 years and one child of 11 years) undergoing BMT after conditioning with 1 mg/kg busulfan (every 6 hours for 16 doses). Busulfan was quantitated in plasma samples at 10 time points within the 6h dosing interval using HPLC before and after dose numbers 1, 2, 5, 13 and 14. For 13 patients data on all five doses are available; for the remaining seven patients three to four doses were studied. Mean maximum concentrations were 1512 ng/ml; mean trough levels for second and subsequent doses were 615 ng/ml. Maxima (C-max) tended to be lower and times of maxima (T-max) were later when busulfan was taken with a meal. Correlation of the area under the concentration versus time curve (AUC-0-6h) between different doses was low within patients. In several patients problems with compartmental fitting of concentration data were observed mainly caused by the short dosing interval, which made estimates of T1/2 and model derived AUCs unstable. Three patients experienced hepatic veno-occlusive disease: kinetic parameters were not helpful in describing a particulate risk constellation for this subgroup. In our experience, the role of drug monitoring in this setting needs to be defined more clearly.

NPL AdonIs

MIC 2 Bio Tech MAIN

NO Vol NO NOS

Ck Cite Dupl Request

Call #

Phillip Hambel 1644 2/14

-- bulsulfan -----

3/7/9 (Item 9 from file: 5)

DIALOG(R)File 5:Biosis Previews(R)

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0009528837 BIOSIS NO.: 199497550122

Busulfan bioavailability

AUTHOR: Hassan Moustapha (Reprint); Ljungman Per; Bolme Per; Ringden Olle;

Syruckova Zuzana; Bekassy Albert; Stary Jan; Wallin Inger; Kallberg Nils

AUTHOR ADDRESS: Karolinska Pharmacy, PO Box 160, S-171 76 Stockholm, Sweden

\*\*Sweden

JOURNAL: Blood 84 (7): p2144-2150 1994 1994

ISSN: 0006-4971

DOCUMENT TYPE: Article RECORD TYPE: Abstract LANGUAGE: English

ABSTRACT: Busulfan is widely used as a component of the myeloablative therapy in bone marrow transplantation. Recent studies have shown that the drug disposition is altered in children and is associated with less therapeutic effectiveness, lower toxicities, and higher rates of engraftment failure. We have evaluated the bioavailability of the drug in two groups of patients: eight children between 1.5 and 6 years of age and eight older children and adults between 13 and 60 years. Oral bioavailability showed a large interindividual variation. In children, the bioavailability ranged from 0.22 to 1.20, and for adults, it was within the range 0.47 to 1.03. The elimination half-life after intravenous administration in children (2.46 +- 0.27 hours; mean +- SD)

2

DB=PGPB; PLUR=YES; OP=ADJ	
L9 (bulsulfan)same (marrow or stem or graft\$ or tranplant\$) same (ho	ur\$) 0 <u>L9</u>
L8 (busulfan)same(marrow or stem)	81 <u>L8</u>
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L7 L6 same (hour\$)	6 <u>L7</u>
<u>L6</u> (busulfan)same(marrow or stem)	80 <u>L6</u>
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<u>L4</u> (busulfan)same(transplant\$ or graft\$)	4 <u>L4</u>
DB=USPT; PLUR=YES; OP=ADJ	
L3 L1 same (hour\$)	4 <u>L3</u>
<u>L2</u> L1 same (prior or before)	18 <u>L2</u>
<u>L1</u> (busulfan)same(transplant\$ or graft\$)	44 <u>L1</u>

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RATES 73 for details.
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HELP NEWS 155 for details.
 File 399:CA SEARCH(R) 1967-2005/UD=14207
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                 BUSULFAN
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S3 AND BUSULFAN

**S4** 

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DIALOG(R) File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0013920146
             BIOSIS NO.: 200200513657
Prevention of chronic rejection in murine cardiac allografts: A comparison
  of chimerism- and nonchimerism-inducing costimulation blockade-based
  tolerance induction regimens
AUTHOR: Shirasugi Nozomu; Adams Andrew B; Durham Megan M; Lukacher Aron E;
  Xu Huaying; Rees Phyllis; Cowan Shannon R; Williams Matthew A; Pearson
  Thomas C (Reprint); Larsen Christian P (Reprint
AUTHOR ADDRESS: Emory University, 1639 Pierce Drive, Woodruff Memorial
Building, Atlanta, GA, 30322, USA**USA
JOURNAL: Journal of Immunology 169 (5): p2677-2684 September 1, 2002 2002
MEDIUM: print
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
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DIALOG(R) File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0013656601 BIOSIS NO.: 200200250112
A cure for murine Sickle cell disease (SCD) through stable mixed chimerism
  and tolerance induction after non-myeloablative conditioning and
  MHC-mismatched bone marrow transplantation
AUTHOR: Kean Leslie (Reprint); Durham Megan; Adams Andrew; Hsu Lewis L
  (Reprint); Waller Edmund; Dillehay Dirck; Pearson Thomas; Larsen
  Christian; Archer David R (Reprint
AUTHOR ADDRESS: Dept. Pediatrics, Emory U., Atlanta, GA, USA**USA
JOURNAL: Blood 98 (11 Part 1): p736a November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of
Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English
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DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0013606132
           BIOSIS NO.: 200200199643
A cure for murine sickle cell disease through stable mixed chimerism and
  tolerance induction after nonmyeloablative conditioning and major
  histocompatibility complex-mismatched bone marrow transplantation
AUTHOR: Kean Leslie S; Durham Megan M; Adams Andrew B; Hsu Lewis L; Perry
  Jennifer R; Dillehay Dirck; Pearson Thomas C; Waller Edmund K; Larsen
  Christian P; Archer David R (Reprint
AUTHOR ADDRESS: Div of Hematology, Oncology Blood and Marrow
  Transplantation, Dept of Pediatrics, Emory University School of Medicine,
  Atlanta, GA, 30322, USA**USA
JOURNAL: Blood 99 (5): p1840-1849 March 1, 2002 2002
MEDIUM: print
ISSN: 0006-4971
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4 RD S4 (unique items)

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DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
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DIALOG(R) File 155: MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.
16477900
           PMID: 12919088
  Long-term survival of intestinal allografts induced by costimulation
                             and donor bone marrow infusion.
           ***busulfan***
  Guo Zhong; Wang Jun; Dong Ying; Adams Andrew B; Shirasugi Nozomu; Kimiver; Hart John; Newton-West Marvin; Pearson Thomas C; Larsen
Christian P; Newell Kenneth A
  Department of Surgery, Emory University School of Medicine, Atlanta, GA,
  American journal of transplantation - official journal of the American
Society of Transplantation and the American Society of Transplant Surgeons
                                  p1091-8, ISSN 1600-6135
(Denmark)
            Sep 2003, 3
                           (9)
                                                              Journal Code:
100968638
  Contract/Grant No.: 1 R01 AI51224; AI; NIAID; AI44644; AI; NIAID
  Document type: Journal Article
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  Main Citation Owner: NLM
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DIALOG(R) File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0013920146 BIOSIS NO.: 200200513657
Prevention of chronic rejection in murine cardiac allografts: A comparison
  of chimerism- and nonchimerism-inducing costimulation blockade-based
  tolerance induction regimens
AUTHOR: Shirasugi Nozomu; Adams Andrew B; Durham Megan M; Lukacher Aron E;
  Xu Huaying; Rees Phyllis; Cowan Shannon R; Williams Matthew A; Pearson
  Thomas C (Reprint); Larsen Christian P (Reprint)
AUTHOR ADDRESS: Emory University, 1639 Pierce Drive, Woodruff Memorial
  Building, Atlanta, GA, 30322, USA**USA
JOURNAL: Journal of Immunology 169 (5): p2677-2684 September 1, 2002 2002
MEDIUM: print
ISSN: 0022-1767
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
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0013656601
            BIOSIS NO.: 200200250112
A cure for murine Sickle cell disease (SCD) through stable mixed chimerism
  and tolerance induction after non-myeloablative conditioning and
 MHC-mismatched bone marrow transplantation
AUTHOR: Kean Leslie (Reprint); Durham Megan; Adams Andrew; Hsu Lewis L
  (Reprint); Waller Edmund; Dillehay Dirck; Pearson Thomas; Larsen
  Christian; Archer David R (Reprint)
AUTHOR ADDRESS: Dept. Pediatrics, Emory U., Atlanta, GA, USA**USA
JOURNAL: Blood 98 (11 Part 1): p736a November 16, 2001 2001
MEDIUM: print
CONFERENCE/MEETING: 43rd Annual Meeting of the American Society of
Hematology, Part 1 Orlando, Florida, USA December 07-11, 2001; 20011207
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English
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DIALOG(R) File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
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12903226
  Changes in expression of T-cell activation-related molecules and
cytokines during tolerance induction in an allogeneic skin
transplantation murine model
  Lee E.N.; Kim E.Y.; Lee J.; Lee H.J.; Lee K.W.; Joh J.W.; Lee S.K.; Lee
D.S.; Lee H.H.; Kim S.J.
AUTHOR EMAIL: kmhyj111@hotmail.com
  Transplantation Proceedings ( TRANSPLANT. PROC. ) (United States)
, 36/8 (2425-2428)
  CODEN: TRPPA
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 7/3/4
           (Item 2 from file: 73)
DIALOG(R) File 73: EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
12903225
             EMBASE No: 2004504939
  Ability of donor splenocytes with costimulation blockade to induce mixed
hematopoietic chimerism and transplantation tolerance
  Shirasugi N.; Emmanouilidis N.; Pearson T.C.; Larsen C.P.
  AUTHOR EMAIL: nozomujs@med.teikyo-u.ac.jp
  Transplantation Proceedings (TRANSPLANT. PROC.) (United States)
, 36/8 (2423-2424)
  CODEN: TRPPA
                ISSN: 0041-1345
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DIALOG(R) File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
12243200
             EMBASE No: 2003355986
  Long-term survival of intestinal allografts induced by costimulation
blockade, busulfan and donor bone marrow infusion
```

```
Guo Z.; Wang J.; Dong Y.; Adams A.B.; Shirasugi N.; Kim O.; Hart J.;
Newton-West M.; Pearson T.C.; Larsen C.P.; Newell K.A.
  K.A. Newell, Department of Surgery, Emory Transplant Center, Emory
  University School of Medicine, Atlanta, GA United States
  AUTHOR EMAIL: kenneth newell@emoryhealthcare.org
  American Journal of Transplantation ( AM. J. TRANSPLANT. ) (Denmark)
  2003, 3/9 (1091-1098)
  CODEN: AJTMB
                 ISSN: 1600-6135
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DIALOG(R) File 73: EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
11761921
             EMBASE No: 2002334787
  Novel therapeutics for the treatment of graft-versus-host disease
  Jacobsohn D.A.
  Dr. D.A. Jacobsohn, Department of Haematology/Oncology, Children's
  Memorial Hospital, Northwestern University, 2300 Children's Plaza, Chicago, IL 60614 United States
  Expert Opinion on Investigational Drugs ( EXPERT OPIN. INVEST. DRUGS ) (
  United Kingdom)
                    2002, 11/9 (1271-1280)
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DIALOG(R) File 73: EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
11705740
             EMBASE No: 2002278961
  Rapamycin and T cell costimulatory blockade as post-transplant
treatment promote fully MHC-mismatched allogeneic bone marrow engraftment
under irradiation-free conditioning therapy
  Wu T.; Sozen H.; Luo B.; Heuss N.; Kalscheuer H.; Lan P.; Sutherland
D.E.R.; Hering B.J.; Guo Z.
  Dr. Z. Guo, Department of Surgery, MMC 195, University of Minnesota, 420
  Delaware Street SE, Minneapolis, MN 55455 United States
  Bone Marrow Transplantation ( BONE MARROW TRANSPLANT. ) (United Kingdom)
  2002, 29/12 (949-956)
  CODEN: BMTRE
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  NUMBER OF REFERENCES: 32
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           (Item 1 from file: 155)
DIALOG(R) File 155: MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.
11687672
           PMID: 11861303
  A cure for murine sickle cell disease through stable mixed chimerism and
            induction after nonmyeloablative conditioning and major
histocompatibility complex-mismatched bone marrow
                                                    ***transplantation***
  Kean Leslie S; Durham Megan M; Adams Andrew B; Hsu Lewis L; Perry
Jennifer R; Dillehay Dirck; Pearson Thomas C; Waller Edmund K; Larsen Christian P; Archer David R
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Division of Hematology, Oncology Blood and Marrow Transplantation, Department of Pediatrics, Emory University School of Medicine, Atlanta, GA

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30322, USA.
  Blood (United States) Mar 1 2002, 99 (5) p1840-9, ISSN 0006-4971
Journal Code: 7603509
  Contract/Grant No.: AI44644; AI; NIAID; CA74364-03; CA; NCI; DK/AI40519;
DK; NIDDK; R29HL60127; HL; NHLBI
  Document type: Journal Article
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record type: Completed
? s (cd40 or ctla?) and busulfan and (transplant? or graft?)
           23165 CD40
            8575 CTLA?
           16408 BUSULFAN
         1564221 TRANSPLANT?
          581485
                  GRAFT?
      S8
              54
                  (CD40 OR CTLA?) AND BUSULFAN AND (TRANSPLANT? OR GRAFT?)
? rd s8
...examined 50 records (50)
...completed examining records
      S9
              38 RD S8 (unique items)
? s s9 and py<2001
Processing
Processing
              38
                  S9
        50614285
                  PY<2001
     S10
               4 S9 AND PY<2001
? rd s10
...completed examining records
     S11
               4 RD S10 (unique items)
? t s11/3/all
 11/3/1
            (Item 1 from file: 5)
DIALOG(R)File
              5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0013155893
            BIOSIS NO.: 200100327732
Hematopoietic chimerism following immunoablative therapy for non-malignant
  disorders: Out-patient stem cell transplantation (SCT)
AUTHOR: Duerst Reggie E (Reprint); Haut Paul R (Reprint); Venkateswaran
  Lakshmi (Reprint); Kletzel Morris (Reprint)
AUTHOR ADDRESS: Children's Memorial Hospital, Northwestern University
  Medical School, Chicago, IL, USA**USA
JOURNAL: Blood 96 (11 Part 2): p329b November 16, 2000 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of
Hematology San Francisco, California, USA December 01-05, 2000; 20001201
SPONSOR: American Society of Hematology
ISSN: 0006-4971
DOCUMENT TYPE: Meeting; Meeting Abstract
RECORD TYPE: Abstract
LANGUAGE: English
 11/3/2
            (Item 2 from file: 5)
DIALOG(R)File
               5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.
0012043403
             BIOSIS NO.: 199900303063
Successful bone marrow transplantation in a child with X-linked
  hyper-IgM syndrome
AUTHOR: Kato T; Tsuge I; Inaba J; Kato K; Matsuyama T; Kojima S (Reprint)
AUTHOR ADDRESS: Division of Hematology and Oncology, Children's Medical
  Center, Japanese Red Cross Nagoya First Hospital, 3-35, Michishita-cho,
  Nakamura-ku, Nagoya, 453-8511, Japan**Japan
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JOURNAL: Bone Marrow Transplantation 23 (10): p1081-1083 May 2, 1999
1999
MEDIUM: print
ISSN: 0268-3369
DOCUMENT TYPE: Article
RECORD TYPE: Abstract
LANGUAGE: English
 11/3/3
            (Item 1 from file: 73)
DIALOG(R) File 73: EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.
10865438
             EMBASE No: 2000349044
  Mixed chimera converted into full donor chimera with powerful graft
-versus-leukemia effects but no graft-versus-host disease after non T
cell-depleted HLA-mismatched peripheral blood stem cell
transplantation
  Wu B.Y.; Guo K.Y.; Song C.Y.; Yang D.A.; Li D.
  Dr. W. Bingyi, Hematology Department, Zhujiang Hospital, Gongye Road,
  Guangzhou 510280 China
  Bone Marrow Transplantation ( BONE MARROW TRANSPLANT. ) (United Kingdom)
 2000, 26/6 (691-693)
  CODEN: BMTRE
                 ISSN: 0268-3369
  DOCUMENT TYPE: Journal; Article
  LANGUAGE: ENGLISH
                      SUMMARY LANGUAGE: ENGLISH
  NUMBER OF REFERENCES: 4
 11/3/4
            (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
(c) format only 2005 The Dialog Corp. All rts. reserv.
14176525
           PMID: 9877275
    Bone
           marrow
                   transplantation
                                           treatment
                                                       for
                                                             X-linked
                                      as
immunodeficiency with hyper-IgM.
  Bordigoni P; Auburtin B; Carret A S; Schuhmacher A; Humbert J C; Le Deist
F; Sommelet D
  Bone Marrow Transplantation Unit, Children's Hospital, Nancy, France.
                                                    1998, 22
                 transplantation (ENGLAND) Dec
        marrow
 p1111-4, ISSN 0268-3369
                            Journal Code: 8702459
  Document type: Case Reports; Journal Article
  Languages: ENGLISH
  Main Citation Owner: NLM
  Record type: Completed
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>>>Unrecognizable Command
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            (Item 1 from file: 5)
 11/7/1
              5:Biosis Previews(R)
DIALOG(R)File
(c) 2005 BIOSIS. All rts. reserv.
           BIOSIS NO.: 200100327732
0013155893
Hematopoietic chimerism following immunoablative therapy for non-malignant
  disorders: Out-patient stem cell transplantation (SCT)
AUTHOR: Duerst Reggie E (Reprint); Haut Paul R (Reprint); Venkateswaran
  Lakshmi (Reprint); Kletzel Morris (Reprint)
AUTHOR ADDRESS: Children's Memorial Hospital, Northwestern University
  Medical School, Chicago, IL, USA**USA
JOURNAL: Blood 96 (11 Part 2): p329b November 16, 2000 2000
MEDIUM: print
CONFERENCE/MEETING: 42nd Annual Meeting of the American Society of
Hematology San Francisco, California, USA December 01-05, 2000; 20001201
```

SPONSOR: American Society of Hematology

ISSN: 0006-4971

DOCUMENT TYPE: Meeting; Meeting Abstract

RECORD TYPE: Abstract LANGUAGE: English

ABSTRACT: We have treated 4 patients (hemoglobinopathy, n=2 and hyper-IgM immunodeficiency (CD154 def), n=2) utilizing an immunoablative regimen (fludarabine, 30 mg/m

- 2/d IV X 6 d, busulfan, 1 mg/kg IV X 8 and anti-thymocyte globulin
   (ATG), 40 mg/kg/d IV X 4d) followed by unmanipulated peripheral blood SCT
   from an HLA matched sibling donor. The donors received G-CSF (10 mcg/kg/d
   X 4d) for stem cell mobilization. Oral cyclosporin A was administered for
   prophylaxis of GVHD. Growth factor support was not routinely
   administered. Patients were cared for in the Ambulatory Stem Cell Unit.
   Chimerism was documented by assessment of VNTR or FISH for X-chromosome
   specific DNA. The patients with CD154def had liver dysfunction related,
   in part, to prior cryptosporidium infection. Patients received 5.6-7.6 X
   10
- 8 MNC/kg, 6.2-8.1 X 10
- 6 CD34+ cells/kg. Rapid development of mixed chimerism resulted in minimal need for transfusion support. No red cell transfusions were required post SCT and only one patient required platelet transfusions (X3). Severe neutropenia and mucositis did not develop. Brief hospital admissions (n = 4) following SCT were for neutropenic fever (3) and aseptic meningitis (1). \*\*\*CD40\*\*\* ligand expression has increased in CD154 def recipients to apprx40-50% of CD3+CD8-cells. Acute and chronic GVHD have developed in the 23 yo patient with homozygous sickle hemoglobinopathy. This initial experience indicates immunoablative therapy followed by SCT from matched sibling donors can be administered safely in the outpatient setting for patients with Stem Cell defects. The risk of toxicity for the patient and medical costs are greatly reduced when compared with recipients of myeloablative therapy.

11/7/2 (Item 2 from file: 5)
DIALOG(R)File 5:Biosis Previews(R)
(c) 2005 BIOSIS. All rts. reserv.

0012043403 BIOSIS NO.: 199900303063

Successful bone marrow transplantation in a child with X-linked

hyper-IgM syndrome

AUTHOR: Kato T; Tsuge I; Inaba J; Kato K; Matsuyama T; Kojima S (Reprint)
AUTHOR ADDRESS: Division of Hematology and Oncology, Children's Medical
Center, Japanese Red Cross Nagoya First Hospital, 3-35, Michishita-cho,
Nakamura-ku, Nagoya, 453-8511, Japan\*\*Japan

JOURNAL: Bone Marrow Transplantation 23 (10): p1081-1083 May 2, 1999

1999

MEDIUM: print ISSN: 0268-3369 DOCUMENT TYPE: Article RECORD TYPE: Abstract

LANGUAGE: English

ABSTRACT: We report a case of an 11-year-old boy who underwent successful bone marrow \*\*\*transplantation\*\*\* for X-linked hyper-IgM syndrome (XHIM). The donor was an HLA-matched brother. The patient was conditioned with \*\*\*busulfan\*\*\*, cyclophosphamide and anti-thymocyte globulin. He received 4.7 X 108 marrow cells per kg from the donor. Prophylaxis against

graft-versus-host disease consisted of cyclosporine and short-term
methotrexate. The clinical course after the bone marrow

transplantation was uneventful, and 12 months after

transplantation the patient was doing well with no need for

therapy. We examined expression of the \*\*\*CD40\*\*\* ligand (CD40L) on the

patient's activated T lymphocytes and in vitro production of immunoglobulins by his lymphocytes. Although expression of CD40L was totally absent before the bone marrow transplant, subnormal expression appeared after the \*\*\*transplantation\*\*\*. In vitro production of IgG and IgA also was improved by the \*\*\*transplant\*\*\*. Based on our experience bone marrow transplantation appears to be a reasonable therapeutic option for patients with XHIM if HLA-matched family donors are available.

11/7/3 (Item 1 from file: 73) DIALOG(R) File 73: EMBASE (c) 2005 Elsevier Science B.V. All rts. reserv. EMBASE No: 2000349044 Mixed chimera converted into full donor chimera with powerful graft -versus-leukemia effects but no graft-versus-host disease after non T cell-depleted HLA-mismatched peripheral blood stem cell transplantation Wu B.Y.; Guo K.Y.; Song C.Y.; Yang D.A.; Li D. Dr. W. Bingyi, Hematology Department, Zhujiang Hospital, Gongye Road, Guangzhou 510280 China Bone Marrow Transplantation ( BONE MARROW TRANSPLANT. ) (United Kingdom) 2000, 26/6 (691-693) CODEN: BMTRE ISSN: 0268-3369 DOCUMENT TYPE: Journal; Article LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH NUMBER OF REFERENCES: 4

Instead of donor T cell depletion, we used CTLA4 and TJU103 (a small organic compound believed to block CD4 binding to MHC II molecule of APC) to block donor T lymphocyte activation in vitro before infusion, and mycophenolate mofetil to control the activity of lymphocytes of the recipient. We successfully treated a patient with an HLA-mismatched without donor T cell depletion. Mixed chimerism was observed 30 days and 60 days after \*\*\*transplantation\*\*\* . STR-PCR showed that 28% and 62% of blood mononuclear cells (MNC) were donor derived at day +30 and day +60, respectively. Mixed chimerism converted into full donor chimerism, when 99.7% of the MNC in the recipient were donor derived after three courses of DLI. A powerful GVL effect related to mixed chimerism was observed. No acute GVHD occurred, only grade II chronic GVHD occurred 6 months after \*\*\*transplant\*\*\* . Based on this case, we suggest that: (1) stable mixed chimerism can be intentionally established across HLA barriers without donor T cell depletion; (2) mixed chimerism can be converted into full donor chimerism by DLI; (3) mixed chimerism induced with this approach can be associated with a very powerful GVL effect, and these may be enhanced by DLI, without severe GVHD.

11/7/4 (Item 1 from file: 155) DIALOG(R) File 155: MEDLINE(R) (c) format only 2005 The Dialog Corp. All rts. reserv. 14176525 PMID: 9877275 marrow transplantation as treatment for X-linked immunodeficiency with hyper-IgM. Bordigoni P; Auburtin B; Carret A S; Schuhmacher A; Humbert J C; Le Deist F; Sommelet D Bone Marrow Transplantation Unit, Children's Hospital, Nancy, France. marrow transplantation (ENGLAND) Dec 1998, 22 pllll-4, ISSN 0268-3369 Journal Code: 8702459 Document type: Case Reports; Journal Article Languages: ENGLISH Main Citation Owner: NLM

```
Record type: Completed
 We report a 10-year-old boy with a severe form of immunodeficiency with
hyper-IgM who underwent successful bone marrow transplantation with
     HLA-matched sister as
                                  donor.
                                             ***Busulfan***
                                                                (20 \text{ mg/kg}) and
                        mg/kg) were used as conditioning. The post-
cyclophosphamide (200
  ***transplant***
                      course was uneventful. He is alive 25 months later with
full hematological and immunological reconstitution.
 Record Date Created: 19990325
 Record Date Completed: 19990325
? t s11/kwic/all
>>>KWIC option is not available in file(s): 399
 11/KWIC/1
               (Item 1 from file: 5)
DIALOG(R)File
              5:(c) 2005 BIOSIS. All rts. reserv.
Hematopoietic chimerism following immunoablative therapy for non-malignant
  disorders: Out-patient stem cell transplantation (SCT)
2000
... ABSTRACT: 2) utilizing an immunoablative regimen (fludarabine, 30 mg/m
2/d IV X 6 d, busulfan, 1 mg/kg IV X 8 and anti-thymocyte globulin
  (ATG), 40 mg/kg/d...
...hospital admissions (n = 4) following SCT were for neutropenic fever (3)
  and aseptic meningitis (1). ***CD40***
                                             ligand expression has increased in
  CD154 def recipients to apprx40-50% of CD3+CD8-cells...
DESCRIPTORS:
 DISEASES:
              ***graft*** -vs-host disease...
 MESH TERMS: Graft vs Host Disease (MeSH)
  ...METHODS & EQUIPMENT: out-patient stem cell ***transplantation*** --
 11/KWIC/2
               (Item 2 from file: 5)
DIALOG(R) File
               5:(c) 2005 BIOSIS. All rts. reserv.
Successful bone marrow transplantation in a child with X-linked
  hyper-IqM syndrome
1999
ABSTRACT: We report a case of an 11-year-old boy who underwent successful
 bone marrow ***transplantation*** for X-linked hyper-IgM syndrome (XHIM). The donor was an HLA-matched brother. The patient was conditioned with
    ***busulfan*** , cyclophosphamide and anti-thymocyte globulin. He received
  4.7 X 108 marrow cells per kg from the donor. Prophylaxis against
  graft-versus-host disease consisted of cyclosporine and short-term
 methotrexate. The clinical course after the bone marrow
  transplantation was uneventful, and 12 months after
  transplantation the patient was doing well with no need for
  therapy. We examined expression of the
                                           ***CD40***
                                                        ligand (CD40L) on the
  patient's activated T lymphocytes and in vitro production of
  immunoglobulins by his lymphocytes. Although expression of CD40L was
  totally absent before the bone marrow transplant, subnormal
  expression appeared after the
                                 ***transplantation*** . In vitro production
  of IgG and IgA also was improved by the
                                           ***transplant*** . Based on our
  experience bone marrow transplantation appears to be a reasonable
  therapeutic option for patients with XHIM if HLA-matched family...
DESCRIPTORS:
 METHODS & EQUIPMENT: bone marrow ***transplantation*** --...
               ***transplantation***
...success,
                                       method
 11/KWIC/3
               (Item 1 from file: 73)
DIALOG(R) File 73:(c) 2005 Elsevier Science B.V. All rts. reserv.
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Mixed chimera converted into full donor chimera with powerful graft -versus-leukemia effects but no graft-versus-host disease after non T cell-depleted HLA-mismatched peripheral blood stem cell transplantation

Instead of donor T cell depletion, we used CTLA4 and TJU103 (a small organic compound believed to block CD4 binding to MHC II molecule...

...activity of lymphocytes of the recipient. We successfully treated a patient with an HLA-mismatched \*\*\*graft\*\*\* without donor T cell depletion. Mixed chimerism was observed 30 days and 60 days after

\*\*\*transplantation\*\*\* . STR-PCR showed that 28% and 62% of blood mononuclear cells (MNC) were donor derived...

...was observed. No acute GVHD occurred, only grade II chronic GVHD occurred 6 months after \*\*\*transplant\*\*\* . Based on this case, we suggest that: (1) stable mixed chimerism can be intentionally established... DRUG DESCRIPTORS:

...therapy--dt; mycophenolic acid 2 morpholinoethyl ester--oral drug administration--po; fludarabine--drug therapy--dt; busulfan--drug therapy--dt; busulfan--oral drug administration--po; cyclophosphamide --drug therapy--dt; cyclophosphamide--intravenous drug administration--iv; cyclosporin A...

MEDICAL DESCRIPTORS:

\*hematopoietic stem cell transplantation; \*chimera; \*graft versus leukemia effect; \*HLA matching; \*lymphocyte depletion; \*T lymphocyte graft versus host reaction -- complication -- co; graft versus host reaction--drug therapy--dt; graft versus host reaction--prevention --pc; donor; T lymphocyte activation; in vitro study; recipient; treatment outcome...

... CAS REGISTRY NO.: 128794-94-5 (mycophenolic acid 2 morpholinoethyl ester ); 21679-14-1 (fludarabine); 55-98-1 (busulfan); 50-18-0 ( cyclophosphamide); 59865-13-3... SECTION HEADINGS:

016 Cancer

025 Hematology

Immunology, Serology and Transplantation

037 Drug Literature Index

2000

11/KWIC/4 (Item 1 from file: 155) DIALOG(R) File 155:(c) format only 2005 The Dialog Corp. All rts. reserv.

Bone- marrow for X-linked transplantation as treatment immunodeficiency with hyper-IgM. Dec 1998,

... boy with a severe form of immunodeficiency with hyper-IgM who underwent successful bone marrow transplantation with his HLA-matched \*\*\*Busulfan\*\*\* (20 mg/kg) and cyclophosphamide (200 mg/kg) sister as donor. were used as conditioning. The post- \*\*\*transplant\*\*\* course was unevent.

He is alive 25 months later with full hematological and immunological course was uneventful. reconstitution.

Descriptors: \*Bone Marrow Transplantation; \*Hypergammaglobulinemia --therapy--TH; \*Immunoglobulin M--blood--BL; \*Immunologic Deficiency Syndromes -- therapy -- TH; B-Lymphocytes -- immunology -- IM; CD40 Ligand; Child; Chimera--genetics--GE; Hypergammaglobulinemia--genetics--GE; Immunologic Deficiency Syndromes--genetics--GE; Linkage Membrane Glycoproteins--deficiency--DF; Membrane Glycoproteins--genetics --GE; Point Mutation; T-Lymphocytes--immunology--IM; Transplantation, Homologous; X Chromosome--genetics--GE Chemical Name: Immunoglobulin M; Membrane Glycoproteins; CD40

Ligand